

Modified PTO/SU/83 (04-08)  
Based on form approved for use through 12/31/2008

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/562,866
	Filing Date	May 16, 2008
	First Named Inventor	Bror Morein
	Art Unit	1645
	Examiner Name	Nina Archie
	Attorney Docket Number	1876.052US1

**RECEIVED  
CENTRAL FAX CENTER  
JUN 25 2010**

<b>To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>			
Please withdraw me as attorney or agent for the above identified application, and			
<input type="checkbox"/>	all the practitioners of record;		
<input type="checkbox"/>	the practitioners (with registration numbers) of record listed on the attached paper(s); or		
<input checked="" type="checkbox"/>	the practitioners associated with Customer Number: <u>21186</u>		
<b>NOTE:</b> The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.			
The reasons for this request are those described in 37 C.F.R.:			
<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	
<b>Certifications</b>			
Check each box below that is factually correct. <b>WARNING: If a box is left unchecked, the request will likely not be approved.</b>			
1. <input checked="" type="checkbox"/> I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.			
2. <input checked="" type="checkbox"/> I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.			
3. <input checked="" type="checkbox"/> I/We have notified the client of any responses that may be due and the time frame within which the client must respond.			
Please provide an explanation, if necessary: _____			
<b>CHANGE OF CORRESPONDENCE ADDRESS</b>			
Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71. Change the correspondence address and direct all future correspondence to:			
A. <input type="checkbox"/> The address of the inventor or assignee associated with Customer Number: _____			
<b>OR</b>			
B. <input checked="" type="checkbox"/> Inventor or Assignee Name		Isconova AB	
Address Uppsala Science Park, Dag Hammarskjolds Vag 54A			
City	Uppsala	State	
Zip	SE-751-83	Country	Sweden
Telephone	Email		
I am authorized to sign on behalf of myself and all withdrawing practitioners.			
Signature	<u>Monique M. Perdok Shonka</u>		
Name	Monique M. Perdok Shonka	Registration No.	42,989
Address 1600 TCF Tower, 121 South 8th Street			
City	Minneapolis	State	MN
Zip	55402	Country	USA
Date	<u>June 25, 2010</u>	Telephone No.	(612) 373-6905
NOTE: Withdrawal is effective when approved rather than when received.			